

L 100000065976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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B. KOHR

JUN 23 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 21 AM 10:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIOLOGY REAL ESTATE DEVELOPMENT 2 LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 21 AM 10:23

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES FRAMPTON

Name of Person

DOCTORS IMAGING GROUP LLC

Firm/Company

6716 NW 11TH PLACE

Address

GAINESVILLE, FL 32605

City/State and Zip Code

CFRAMPTON@DOCTORSIMAGINGGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES FRAMPTON

Name of Person

at (352) 313-6879

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RADIOLOGY

~~RADIOLOGY~~ REAL ESTATE DEVELOPMENT 2 LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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STATE
DIVISION OF CORPORATIONS
10 JUN 21 AM 10:23

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6716 NW 11TH PLACE
GAINESVILLE, FL. 32605

Mailing Address:

6716 NW 11TH PLACE
GAINESVILLE, FL. 32605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHARLES FRAMPTON

Name

6716 NW 11TH PLACE

Florida street address (P.O. Box **NOT** acceptable)

GAINESVILLE, FL. 32605 FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILL WILLIAMS

1143 SW 90TH TERRACE

GAINESVILLE, FL. 32607

MGR

JONG KIM

3817 SW 93RD TERRACE

GAINESVILLE, FL. 32608

MGR

HARRY MEISENBACH

6716 NW 11TH PLACE

GAINESVILLE, FL. 32605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILL WILLIAMS

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)